

234920

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 353 - 7

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Robert A. Pihaart

Telephone: (843) 448-4242

Address: 227 Springlake Dr.

Fax: \_\_\_\_\_

MB, SC 29519

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

RECEIVED

JAN 27 2012

DATE: 1/27/12

ORS  
T,T,W,W/W

I have the following Certificate:

☒ Class C Taxi # 8165 ☐ Class C Charter #            ☐ Class C Charter Bus #             
☐ Class C Non-Emergency #           

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Robert A. Pikaart DBA: Meditam  
(Current Name) (Current DBA if applicable)

TO: Meditam LLC DBA:             
(New Name) (New DBA if applicable)

☐ Scope of Authority  
From:            To:             
(Current Scope) (New Scope)

☐ Passenger Limit  
From:            To:             
(Current Limit Number) (New Limit Number)

Robert A. Pikaart  
Name & DBA if DBA is applicable)  
Myrtle Beach, SC 29579  
(City, State, Zip Code)  
(843) 448-4242  
(Telephone Number)

227 Springlake Dr.  
(Street and/or Mailing Address)  
[Signature]  
(Signature)  
Mon / [Signature]  
(Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MEDITAM LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 19th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
26th day of January, 2011.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State